

NH BOS FY2019 COC PROGRAM NOFA
NEW PROJECT APPLICATION

Project Name:

Congressional District(s) for Project Location:

Proposed Project: ☐ RRH or ☐ PSH or ☐ Joint TH-RRH (choose one)

Proposed Start Date:

Proposed End Date:

Applicant Name:

Applicant Type (State, City, Town, PHA, non-profit):

Employer or Tax Identification Number:

Physical Address

Street 1:

Street 2:

City:

State:

Zip Code:

Contact Person

Name:

Title:

E-mail Address:

Phone Number:

If applicable, potential subrecipient information

Subrecipient Name:

Subrecipient Type (State, City, Town, PHA, non-profit):

Subrecipient Contact Person

Name:

Title:

E-mail Address:

Phone Number:

What is the proposed sub-award amount:

If this is a transition grant application please provide the expiring project grant number, operation start and end date and component type AND a brief description of the scope and how no more than 50% of grant funds will be used for originally funded program component.

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1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Instructions: Describe why your agency and any partner organizations (e.g., developers, key contractors, subcontractors and/or service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate your experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

DV Bonus Project Applicants

In this narrative, you must specifically address your previous performance in serving people who are survivors of domestic violence, dating violence, sexual assault, or stalking. The description must also include experience in meeting safety outcomes. Safety must be defined in partnership with the participant and include supports and skill that add to household stability.

1a. DV Bonus Project Only – Survivor Safety ((CoC application question 1F-4c)

Describe how project applicant:

1. ensured the safety of DV survivors experiencing homelessness by:
 - (a) training staff on safety planning;
 - (b) adjusting intake space to better ensure a private conversation;
 - (c) conducting separate interviews/intake with each member of a couple;
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.

1b. DV Bonus Project Only – Trauma-Informed, Victim-Centered Approaches (*CoC app question 1F-4d*)

Applicants must describe:

1. project applicant's experience in utilizing trauma-informed, victim centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
 - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
 - (d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
 - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
 - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
 - (g) offering support for parenting, e.g., parenting classes, childcare.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.

Instructions: Include experience with leveraging all Federal, State, local and private sector funds. If the agency has no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

3. Describe the basic organization and management structure of the applicant and potential subrecipients (if any).

Instructions: Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? ☐ Yes ☐ No

Instructions: Select “Yes” if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified.

Select “No” if there are no unresolved HUD Monitoring or OIG Audit findings.

4a. Describe the unresolved monitoring or audit findings. If you selected “Yes” above, provide a brief explanation for why the monitoring or audit finding remains unresolved.

PROJECT DESCRIPTION:

5. Provide a description that addresses the entire scope of the proposed project. (1000 character limit)

Instructions: Provide a clear and concise description of the scope of the project. The description should describe the community needs, target population(s) to be served, project plan for addressing the identified housing and supportive service needs, projected project outcome(s), coordination with other sources or partners, and the reason CoC Program support is required. The information provided in this narrative must not conflict with information provided in other parts of the project application. For example, if the project will operate with a commitment to the Housing First approach, the narrative should also indicate a commitment to the Housing First approach.

DV Bonus Project Applicants

In this narrative you must specifically quantify the need for the project, how large that need is compared to other homeless populations and how this project fills the gap you identified.

6. Enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds. Complete a column for each location or structure proposed. (If the project is scattered site then just complete one column)

Instructions: Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award

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recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	Location or Structure A	Location or Structure B
New project staff hired, or other project expenses begin?		
Participant enrollment in project begins?		
Participants begin to occupy leased unites or structures(s) and supportive services begin?		
Leased or rental assistance units or structure, and supportive services near 100% capacity?		
Closing on execution of a structure lease?		

7. Will your project participate in the NHBOS CoC Coordinated Entry System? ☐ Yes ☐ No

If no, this project may not be eligible for NH BOS funding. Please explain why your project will not participate in a CoC Coordinated Entry System as required by 24 CFR part 578

8. How will you gather and submit HMIS Data?

NHBOSCOC HMIS ☐

HMIS Comparable Database (victim service providers only) ☐

Will not utilize either option ☐

If you chose “will not utilize”, this project may not be eligible for NH BOS funding. Please explain why your project will not participate in HMIS data collection as required by 24 CFR part 578

9. Identify the project’s specific population focus

☐ Chronic Homeless

☐ Veterans

☐ Youth (under 25)

☐ Families

☐ DV

☐ Substance Abuse

☐ Mental Illness

☐ HIV/AIDS

☐ Other: Provide Description:

HOUSING FIRST

Description:

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold).

It is an approach to:

- ❖ Quickly and successfully connect individuals and families experiencing homelessness to permanent housing;
- ❖ Without barriers to entry, such as sobriety, treatment or service participation requirements; or
- ❖ Without related preconditions that might lead to the program participant's termination from the project.
- ❖ Voluntary supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry; however, participation in supportive services is based on the needs and desires of program participants.

10. Will the project quickly move participants into permanent housing? ☐ Yes ☐ No (check one)

11. Please give an expected *average* time frame from participant application to move-in

12. Will the project ensure that participants are not screened out based on the following items?

Select all that apply. By checking all of the first four boxes, this project will be considered low barrier. If all of these barriers to access will exist, select "None of the above."

- ☐ Having too little or no income
- ☐ Active or history of substance use
- ☐ Having a criminal record with exceptions for state-mandated restrictions
- ☐ History of victimization (e.g., domestic violence, sexual assault, childhood abuse)
- ☐ None of the above

13. Will the project ensure that participants are not terminated from the program for any of the following?

- ☐ Failure to participate in supportive services
- ☐ Failure to make progress on a service plan
- ☐ Loss of income or failure to improve income
- ☐ Any other activity/reason not covered in a lease agreement typically found for unassisted persons in the projects geographic area
- ☐ None of the above

14. Will the project follow a "Housing First" approach? ☐ Yes ☐ No (check one)

15. Will the project request costs under the rental assistance budget line item (BLI)? ☐ Yes ☐ No (check one)

If yes, describe the method for determining the type, amount and duration of rental assistance that participants can receive.

16. Will participant be required to live in a particular structure, unit or locality, at some point during the period of participation? ☐ Yes ☐ No (check one)

If yes, explain how and why the project will implement this requirement

17. Will more than 16 persons live in one structure supportive with CoC funding? ☐ Yes ☐ No (check one)

If yes, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

18. Indicate whether the project is 100% Dedicated or 100% Dedicated PLUS.

PSH

- ☐ 100% Dedicated CH beds
☐ 100% DedicatedPLUS beds (PSH only)

RRH

- ☐ 100% CH beds
☐ Other configuration:

19. Will the project use an existing homeless facility or incorporate activities provided by an existing project?
☐ Yes ☐ No (check one)

20. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?
☐ Yes ☐ No (check one)

If yes,

What is

Grant PIN Number:

Grant Project Name:

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What activities of those listed below describe the expansion activities?

- ☐ Increase the number of homeless persons served
- ☐ Provide additional supportive services to people experiencing homelessness (provide narrative below)
- ☐ Bring existing facilities up to state/local government health and safety standards (provide narrative below)
- ☐ Replace the loss of nonrenewable funding
- ☐ Coordinated Entry (provide narrative below)

If expanding answer the applicable question(s) below

- a. Expansions
 - a. What is current level of effort (# persons at PIT, # units, and # of beds) and proposed new effort (# additional persons at PIT, # additional units and # additional beds)
- b. Describe the reason for the supportive services increase indicated above OR
- c. Describe how the project is proposing to bring the existing facility(ies) up to state/local government health and safety standards. OR
- d. Replacing the loss of nonrenewable funding (private, federal, other excluding state/local government)

SUPPORTIVE SERVICES FOR PARTICIPANTS:

21. Are the proposed project policies and practices consistent with the laws (including the McKinney-Vento Act) related to providing education services to individuals and families?

☐ Yes ☐ No ☐ Not applicable

1a. If yes, Will the proposed project assign staff to ensure that children and youth are enrolled in school and receive educational services, as appropriate?

☐ Yes ☐ No ☐ Not applicable

22. Describe how participants will be assisted to obtain and remain in permanent housing. (1000 characters or less).

Instructions: Describe plans to move project participants quickly into permanent housing (PSH or RRH depending on project type) AND plans to ensure program participants stabilize. An acceptable response will acknowledge the needs of the target population include plans to address those needs through case management and/or other supportive services. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative. Landlord engagement is a critical piece of the strategy and will be explained in a good response.

DV Bonus Project Applicants (CoC application question 1F-4b)

In this narrative, you must specifically describe past success and current ability to house survivors in permanent housing. The description must also include how the project will identify and meet safety needs of the survivors.

22a. **DV Bonus Project Only** – Applicant Capacity and Performance (CoC application question 1F-4a)

- i. Rate of Housing Placement of DV Survivors (percentage)
- ii. Rate of Housing Retention of DV Survivors (percentage)
- iii. How did you calculate the rate of housing placement and rate of housing retention and what was your data source?

23. Describe specifically how participants will be assisted both to increase their employment and/or income to maximize their ability to live independently.

Instructions: Address the needs of the target population, the required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream systems. Describe how service delivery leads to participant employment; how service delivery leads directly to program participants accessing SSI, SSDI, or other mainstream services; and how the requested funds contribute to program participants becoming more independent.

Note: Education plays an important role in the personal development of program participants and should be considered a strategy to maximize their ability to live independently. In addition, HUD encourages project applicants to explain how education will address the encampment and unsheltered homelessness and survivors of DV.

24. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Provider: enter one of the following:

“Applicant” to indicate that the applicant will provide the service;

“Subrecipient” to indicate that the subrecipient(s)

“Partner” to indicate that an organization that is not the recipient or sub recipient of CoC Program funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service; or

“Non-Partner” to indicate that a specific organization with whom no formal agreement has been established but does regularly provide the service to program participants (e.g., employment provided by the local workforce board).

Frequency: enter one of the following

As needed

Daily

Weekly

Monthly

Quarterly

Annually

Supportive Services	Provider	Frequency
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		

Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

24a. DV Bonus Project Only – Meeting Service Needs of DV Survivors (*CoC app question 1F-4e*)

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

25. Please identify whether the project will include the following activities (check Yes or No):

- Transportation assistance for clients to attend mainstream benefit appointments employment training, or jobs? ☐ Yes ☐ No
- Use of a single application form for four or more mainstream programs? ☐ Yes ☐ No
- Regular follow-ups with participants to ensure mainstream benefits are received and renewed? ☐ Yes ☐ No
- Will project participants have access to SSI/SSDI technical assistance provided by the applicant, sub recipient, or partner agency? ☐ Yes ☐ No
- Has your agency staff participated in SOAR training in the past 24 months? ☐ Yes ☐ No

HOUSING TYPE AND LOCATION

26. Indicate the maximum number of units and beds available for project participants at the selected housing site:

☐ Total Units:

☐ Total Beds:

☐ Total Dedicated CH Beds: (PSH only)

27. Housing Type and Location Detail: Report the type of housing structures in which program participants under this project are housed. Each housing type must be listed individually. The housing type options are as follows:

- **Barracks:** *Individuals or families sleep in a large room with multiple beds. Also includes large shelters which are traditionally used in the Emergency Solutions Grants Program.*
- **Dormitory, shared or private rooms:** *Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both.*
- **Shared housing:** *Shared housing is defined as an arrangement in which two or more unrelated people share a house or an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Common space must be appropriate for shared use by the residents, and private space must contain at least one bedroom for each two persons in the family. A zero or one-bedroom unit may not be used for shared housing.*
- **Single Room Occupancy (SRO) units:** *Each individual has private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.*
- **Clustered apartments:** *Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without any special needs.*
- **Scattered-site apartments (including efficiencies):** *Each individual or family has a self-contained apartment. Apartments are scattered throughout the community.*
- **Single family homes/townhouses/duplexes:** *Each individual or family has a self-contained, single-family home, townhouse, or duplex that is dispersed throughout the community.*

- | | | |
|---|--|------------------------------|
| <input type="checkbox"/> Barracks | <input type="checkbox"/> Dormitory (Shared or Private) | <input type="checkbox"/> SRO |
| <input type="checkbox"/> Clustered Apartments | <input type="checkbox"/> Scattered Site Apts. (Including Efficiencies) | |
| <input type="checkbox"/> Shared Housing | <input type="checkbox"/> Single Family Homes/Townhouses/Duplexes | |

Address: Physical Site (use agency site if scattered apartments)

Street 1:

Street 2:

City:

State:

Zip Code:

28. PROJECT PARTICIPANTS - HOUSEHOLDS*Instructions:*

List the number of households or persons to be served on a given night when project is a full operational capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households				

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24				
Adults ages 18-24				
Accompanied Children under age 18				
Unaccompanied Children under age 18				
Total Persons				

29. PROJECT PARTICIPANTS - SUBPOPULATIONS*Instructions:*

In each field list the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with at Least One Adult and One Child

Populations	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Sub Abuse	HIV/AIDS	SMI	DV	Phys Disability	Developmental Disability	Persons not represented by listed subpop
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

Persons in Households without Children

Populations	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Sub Abuse	HIV/AIDS	SMI	DV	Phys Disability	Developmental Disability	Persons not represented by listed subpop
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

Persons in Households with Only Children

Populations	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Sub Abuse	HIV/AIDS	SMI	DV	Phys Disability	Developmental Disability	Persons not represented by listed subpop
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons										

30. Describe the outreach plan to bring these homeless participants into the project.

Instructions: Describe how the applicant/subrecipient plans to bring homeless persons into the project. Provide for a brief explanation of how program participants will be identified and connected with the offered housing and services. For projects participating in a CoC's coordinated entry process, simply explain that coordinated entry will provide outreach and access and describe the specific coordination and referral process between coordinated entry and this project.

FUNDING REQUEST

31. Will it be feasible for the project to be under grant agreement by

September 30, 2020? ☐ Yes ☐ No

32. What type of funds is the project seeking?

☐ Reallocation Funding

☐ Regular Bonus

☐ Both Reallocation and Bonus

☐ DV Bonus (this type of funding cannot be combined with reallocation or regular bonus)

33. Does this project propose to allocate funds according to an indirect cost rate? ☐ Yes ☐ No

Instructions: Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2019 NOFA and contact your local HUD office.

If "Yes" is selected: Please complete 30A, B and C.

30A. Please complete the indirect cost rate schedule below:

Instructions: Complete at least one row using information from either your approved plan or your proposal.

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
	%	
	%	
	%	

30b. Has this rate been approved by your cognizant agency? ☐ Yes ☐ No

30C. Do you plan to use the 10% de-minimis rate? ☐ Yes ☐ No

34. Select a grant term: ☐ 1 Year ☐ 2 Year ☐ 3 Year

35. Select the costs for funding being requested:

☐ Leased Units

☐ Leased Structures

☐ Rental Assistance

☐ Supportive Services

☐ Operations

☐ HMIS

☐ Administration – (See summary budget)

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If requesting Rental Assistance (RA), a Fair Market Rent (FMR) funding request, based on the FY2018 FMRs, for the total term of the grant must be completed. Choose the Type of RA requested as follows: Tenant Based Rental Assistance (TBRA), Sponsor Based Rental Assistance (SBRA), Project-Based Rental Assistance (PBRA); complete for each number of bedrooms per unit.

If requesting Leasing, a Fair Market Rent (FMR), based on the FY2018 FMRs, or applicant FMR funding request for the total term of the grant must be completed. Complete for each number of bedrooms per unit.

FMR Area			
For RA projects: Type of assistance requested TBRA, SBRA, PBRA:			
Type of RA requested	FMR area 1	Total units Requested	Total dollar amount of request per unit
1 bedroom unit	\$ X 12	X units	\$
2 bedroom unit	\$ X 12	X units	\$
3 bedroom unit	\$ X 12	X units	\$
4 bedroom unit	\$ X 12	X units	\$
Total Units and Dollar amount			\$

FMR Area			
For RA projects: Type of assistance requested TBRA, SBRA, PBRA:			
Type of RA requested	FMR area 2	Total units Requested	Total dollar amount of request per unit
1 bedroom unit	\$ X 12	X units	\$
2 bedroom unit	\$ X 12	X units	\$
3 bedroom unit	\$ X 12	X units	\$
4 bedroom unit	\$ X 12	X units	\$
Total Units and Dollar amount			\$

If more than 2 FMR areas will be served, please attach a separate sheet.

Supportive Services Budget (If applicable)

Instructions: Quantity AND Detail: Enter the quantity in detail (e.g. .75 FTE hours @ rate of; per month/annual and fringe benefits for staff @%, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Be sure to review eligible activities under each category to avoid charging expenses to the wrong activity.

Eligible Costs	Quantity and Description (400 characters or less)	Annual Assistance Requested
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
*Operating Costs		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

****Applicants may only include Operating Costs (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget if the costs are for a facility that is used to provide supportive services for program participants.***

Operation Budget (If applicable)

Instructions: Quantity AND Detail: Enter the quantity in detail (e.g. .75 FTE hours @ rate of; per month/annual and fringe benefits for staff @%, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Be sure to review eligible activities under each category to avoid charging expenses to the wrong activity.

Eligible Costs	Quantity and Description (400 characters or less)	Annual Assistance Requested
Maintenance/Repair		
Property Taxes and Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas, Water		
Furniture		
Equipment (lease, buy)		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

HMIS Budget (If applicable)

Instructions: Quantity AND Detail: Enter the quantity in detail (e.g. .75 FTE hours @ rate of; per month/annual and fringe benefits for staff @%, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Be sure to review eligible activities under each category to avoid charging expenses to the wrong activity.

Eligible Costs	Quantity and Description (400 characters or less)	Annual Assistance Requested
Equipment		
Software		
Services		
Personnel		
Space & Operations		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

Sources of Match

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs.

Type of source

Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources.

Name the Source of the Commitment:

Be as specific as possible (e.g. HHS, PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment

Enter the date of the written contribution.

Value of written commitment

Enter the total dollar value of the contribution.

Match	Cash or In-kind	Source	Contributor: Name of Source of Commitment: <i>Be as specific as possible and include the office or grant program as applicable</i>	Date of Written Commitment	Value of Written Commitment

SUMMARY BUDGET:*Instructions:*

- *Admin (up to 10%): Enter the amount (\$) of requested administration funds.*
- *Cash Match: Enter the total amount of funds (\$) that the applicant will use for the project provided by sources other than the CoC program grant.*
- *In-Kind Match: Enter the total dollar value of non-cash resources that the applicant will use for the project provided by sources other than the CoC program.*

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
4. Leased Units			
5. Leased Structures			
6. Rental Assistance			
7. Supportive Services			
8. Operating			
9. HMIS			
10. Sub-total Costs Requested			
11. Admin (Up to 10%)			
12. Total Assistance plus Admin Requested			
13. Cash Match			
14. In-Kind Match			
15. Total Match			
16. Total Budget			

ATTACHMENTS REQUIRED AT THE TIME OF APPLICATION SUBMISSION:

- 501©3 Non-Profit Status (if not already on file with BHS)
- Match letter equal to at least 30% of requested funding on CoC match template (signed and dated between July 1, and September 15, 2019)